

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name..... Abdul Latif Age..... 40y Sex..... M

Address.....

Physician / Surgeon..... U-6 Sy. Ward..... MSPW No. of Bed / Cabin..... 23

Paying / Non Paying

Brief history of case

Clinical Diagnosis

Perianal fistula

Particulars point to be Investigated

MR fistuogram

Instruction

Date..... 10/11/18

Signature..... Imrit Surana

REPORT